

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
**(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-009250** FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
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48					
49					
50					
TOTAL IND.					
TOTAL DEP.	25				
TOTAL CLAIMS	20				

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1				
52	1				
53					
54					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy